

Northern Rockies Admin Forms Package

Which Administrative Forms are needed for your flight? Blanks are below.

1

Form: FS-5710-2

Here is where you fill in the blanks and get a multiple choice test on just why you need this flight. You choose a., b., c., or d., and usually e. Don't forget an electronic /s/ Signature too.

Request for Air Service / Statement of Justification

(Reference FSM 5711.2)

Prior to ordering a charter or Forest Service-owned or leased aircraft, the traveler, or chief of party for a group of travelers, must complete this form. One copy of this form must be sent to the NRCC Aircraft Coordinator and a second copy retained for the travelers records. Completed forms may be sent to:

U.S. Forest Service
NRCC Aircraft Coordinator
5765 West Broadway
Missoula, Montana 59808-9361

electronic mail: kthomas@fs.fed.us
or: brwarren@fs.fed.us
or: mtnrc@dms.nwcg.gov

Form: FS-5710-3

Here is where you research commercial travel costs to compare with costs of requested travel.

Region one Travel Cost Comparison Worksheet

(Reference FSM 5711.2)

STEP 1: ANALYZE TRAVEL NEED

Consider number of travelers, weight and nature of baggage or cargo, and all known constraints. Typical constraints could be time away from home station, working time needed at destination(s), specific dollar limits and vulnerability to weather delays. Don't waste time on method of transport that is obviously unsuitable. Normally the decision to travel by air will have been made prior to using this form, but columns for other means are provided for convenience.

STEP 2: COST COMPARISON – See Table on the form

Fill out 1st column of this table and any other applicable columns with \$dollar amounts. Assume GS-13 pilot and GS-7 Mission Coordinator for OT plus per diem. Call the aircraft desk for approximate flight hours for your trip. The DC-3T can take 19 and a King Airs can take 6-9 passengers.

Form: FS-5710-4

Identify the Who, When, Where, and what time you need to be there.

Also identify the charge code and override and who will be the Chief of Party for this flight.

Include all the passengers' weights and any odd gear sizes or weights .

REQUEST FOR ADMINISTRATIVE FLIGHT

(Reference FSM 5711.2)

Flight Date(s)

Starting Date

Time

Ending Date

Time

Party Requesting
Flight:

Telephone Number:

Electronic
Address:

***** FLIGHT PLAN *****

LEG #	DESIRED DEPARTURE TIME	FROM (departure airport)	# PAX	TO (destination airport)	DESIRED ARRIVAL TIME

Form: FS-5700-12

Use this form only when any passenger is not a federal agency employee or cooperator.

DAY TRIP AUTHORIZATION

(FSM 5710: FSH5709.11, CH.10)

Defines the purpose of the flight, route of travel, passenger's names, and affiliations.

Form: SF-245

PASSENGER AND CARGO MANIFEST

Use this form to manifest a large group, up to 22 passengers and cargo, include weights, identify the Chief of Party, and provide authorization signature.

- It is important to coordinate with the aircraft coordinator or pilot regarding where to meet the aircraft (at the AFD ramp or the FS hangar) and how much time is needed prior to departure for manifesting and weights.*
- Luggage size and cargo space are limited as well as weight. **Pack small and light.** If it doesn't fit, it will be left behind. Include passenger and gear weights on the FS-5710-4.*
- Check to ensure there are signatures (electronic) on those forms requiring them: 5710-2 Justification, 5700-12 Day Trip Authorization and SF-242 Crew Manifest.*

OPM GS Pay Scale: http://www.opm.gov/oca/06tables/pdf/gs_h.pdf

All our Aviation Forms can be found on NRC website:

<http://gacc.nifc.gov/nrcc/dispatch/aviation/avforms.htm>

Missoula Dispatch's Request for Aircraft Services shall be submitted to MDC for projects/admin flights requesting MDC aircraft. NRC will fill out and submit this form for all admin requests ordered through NRC.

REQUEST FOR AIRCRAFT SERVICES

(Requests should be made to dispatch at least 48 hours prior to flight)

REQUESTING UNIT:	_____	CONTACT PERSON:	_____
AIRCRAFT NEEDED:	_____	HELICOPTER	_____ FIXED WING
JOB CODE(s):	_____	PROJECT MGR./	_____
	_____	PROJECT LEADER:	_____
PROJECT PLAN REQUIRED?	_____	USER CODE:	_____ USAGE CODE: _____
FLIGHT	_____	TIME TO BE	_____ LEGAL
DATE:	_____	ON SITE:	_____ LOCATION _____
LATITUDE/	_____	DESCRIPTIVE	_____
LONGITUDE:	_____	LOCATION:	_____

Request for Air Service / Statement of Justification

(Reference FSM 5711.2)

Prior to ordering a charter or Forest Service-owned or leased aircraft, the traveler, or chief of party for a group of travelers, must complete this form. One copy of this form must be sent to the Aerial Fire Depot Aircraft Coordinator and a second copy retained for the travelers records. Completed forms may be sent to:

U.S. Forest Service
NRCC Aircraft Coordinator
5765 West Broadway
Missoula, Montana 59808-9361

electronic mail: kthomas@fs.fed.us
or: brwarren@fs.fed.us
or: mtnrc@dms.nwcg.gov

No administrative flights will be dispatched from the Aerial Fire Depot until the Aircraft Coordinator has received a copy of this form.

REQUEST for AIR SERVICE**STATEMENT of JUSTIFICATION**

User _____ *Date(s) of Use* _____

Agency/Unit _____

Purpose of Travel: _____

☐ Force Account ☐ Contract ☐ Charter aircraft will be used on this mission because :

<input type="checkbox"/>	a) The aircraft is scheduled to perform a bona fide mission, training, or proficiency activity compatible with secondary use of the flight for transportation, and the minimum mission, training, or proficiency requirements have not been exceeded
<input type="checkbox"/>	b) No airline service is reasonably available to effectively fulfill the transportation requirement, that is, within the same calendar day as required.
<input type="checkbox"/>	c) Failure to use this aircraft to carry passengers and/or cargo will result in the failure to meet minimum mission timeframes.
<input type="checkbox"/>	d) This method of travel is the most expeditious means of transportation practicable and is commensurate with the nature and purpose of the duties of the employee. (5 U.S.C. 5733)
<input type="checkbox"/>	e) The Actual cost* of using this aircraft is not more than other suitable and available air transportation.

Signature

Title

* The cost should be the total cost to the government; calculations should include per diem, overtime, and lost work time as well as actual transportation costs (see Region One Travel Cost Comparison Worksheet.)

Region one Travel Cost Comparison Worksheet

(Reference FSM 5711.2)

STEP 1: ANALYZE TRAVEL NEED

Consider number of travelers, weight and nature of baggage or cargo, and all known constraints. Typical constraints could be time away from home station, working time needed at destination(s), Specific dollar limits and vulnerability to weather delays. Don't waste time on method of transport that is obviously unsuitable. Normally the decision to travel by air will have been made prior to Using this form, but columns for other means are provided for convenience.

STEP 2: COST COMPARISON

	Commercial Carrier, Air	Government Carrier, Air	Commercial Charter, Air	Gvt Furnished Vehicle	Personal Vehicle	Other
1. Fare / Flight Costs	\$	\$	\$	\$		
2. Pilot Per Diem	N/A	\$	\$	N/A	N/A	N/A
3. Pilot Overtime	N/A	\$	N/A	N/A	N/A	N/A
4. Wait Time	N/A	N/A	\$	N/A	N/A	N/A
5. Lost Worktime	\$	\$	\$	\$	\$	
6. Passenger Per Diem	\$	\$	\$	\$	\$	
7. Passenger Overtime	\$	\$	\$	\$	\$	
8. Other Costs	\$	\$	\$	\$	\$	
TOTALS	\$	\$	\$	\$	\$	\$

REMARKS:

REQUEST FOR ADMINISTRATIVE FLIGHT

(Reference FSM 5711.2)

Flight Date(s)

Starting Date

Time

Ending Date

Time

Party Requesting Flight:

Telephone Number:

Electronic Address:

***** FLIGHT PLAN *****

LEG #	DESIRED DEPARTURE TIME	FROM (departure airport)	# PAX	TO (destination airport)	DESIRED ARRIVAL TIME

***** PASSENGER MANIFEST *****

NAME / Weight	AGENCY / AFFILIATION	SPONSOR	SES Y / N	LEG #	CHARGE CODE
CHIEF of PARTY					

Attachments:

Cost Comparison ☐Justification ☐

Travel Authorization Number:

Remarks :

DAY TRIP AUTHORIZATION

(FSM 5710: FSH5709.11, CH.10)

DATE: _____

Make/Model of Aircraft: _____ **Registration Number** _____

Operator: _____

Purpose of Trip:

Route of Flight:

	Passenger Name	Affiliation
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
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12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

Forest Service sponsoring unit: _____

I certify that the person(s) listed above has an official purpose for being on this flight and any associated surface Transport. I recognize that the Government may incur increased liability exposure under the Federal Tort Claim Act, 28 U.S.C. 2671-2680, and that ownership of the conveyance(s) in question does not alter the Government's liability (Comptroller General's Decision B-231814, January 19, 1989). I have determined that the benefits justify the operation.

Signature of sponsoring unit representative

Title of sponsoring unit representative (FSM 5716.4)

STANDARD FORM 245 (6/77) Prescribed by USDA FSM 5716 USDI MP9400.518		PASSENGER AND CARGO MANIFEST				O. OF PASSENGERS		PAGE ____ OF ____	
ORDERING UNIT		PROJECT NAME				PROJECT NO.			
NAME OF CARRIER		MODE OF TRANS & ID NO.				PILOT OR DRIVER			
CHIEF OF PARTY		REPORT TO:				IF DELAYED CONTACT			
DEPARTURE		INTERMEDIATE STOPS				DESTINATION			
PLACE		ETD	ETA	PLACE		ETD	ETA	PLACE	
PASSENGER AND/OR CARGO NAME			M/F	PASSENGER WEIGHT	CARGO WEIGHT	DUTY ASSIGNMENT IF APPLICABLE		HOME UNIT	
1.									
2.									
3.									
4.									
5.									
6.									
7.									
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18.									
19.									
20.									
21.									
22.									
SIGNATURE OF AUTHORIZED REPRESENTATIVE								DATE	

REQUEST FOR AIRCRAFT SERVICES

(Requests should be made to dispatch at least 48 hours prior to flight)

REQUESTING UNIT: _____ CONTACT PERSON: _____
AIRCRAFT NEEDED: _____ HELICOPTER _____ FIXED WING _____
JOB CODE(s): _____ PROJECT MGR./ _____
PROJECT LEADER: _____
PROJECT PLAN REQUIRED? _____ USER CODE: _____ USAGE CODE: _____
FLIGHT DATE: _____ TIME TO BE ON SITE: _____ LEGAL LOCATION: _____
LATITUDE/ _____ DESCRIPTIVE LOCATION: _____
LONGITUDE: _____
DESCRIPTION OF MISSION (RECON, PAX TRANSPORT, CARGO, AERIAL IGNITION, ETC.):

FLIGHT FOLLOWING/COMMUNICATIONS INFORMATION:

Rx:	Tx	TTone	Notes:
#PAX: _____	1	NAME: _____ (Chief of Party)	WEIGHT: _____
(Star* any Non-FS _____	2	NAME: _____	WEIGHT: _____
passengers and _____	3	NAME: _____	WEIGHT: _____
complete Day Trip _____	4	NAME: _____	WEIGHT: _____
authorization) _____	5	NAME: _____	WEIGHT: _____
	6	NAME: _____	WEIGHT: _____

CARGO TYPE (CAMP GEAR, CUBIES, CHAINSAWS, HAZ. MAT.: FUEL, COMPRESSED GAS, BATTERIES--DRY OR WET CELL, PAINT, FIREARMS, PEPPER SPRAY, ETC):

TOTAL CARGO WEIGHT: _____

LONG LINE REQUIRED? YES _____ NO _____ LINE LENGTH REQUIRED: _____

OTHER EQUIPMENT NEEDED (NETS, LEAD LINES, FLIGHT SUITS, SNOW PADS, ETC.):

GROUND

CONTACT: _____ FREQUENCY: _____

ESTIMATED TOTAL TIME REQUIRED FOR MISSION: _____

ADDITIONAL INFO OR REMARKS, HAZARDS: _____

****NOTE** ALL PERSONS TRANSPORTED IN HELICOPTER ARE REQUIRED TO WEAR LEATHER BOOTS, GLOVES (LEATHER OR NOMEX), NOMEX CLOTHING (w/2" OVERLAP), AND FLIGHT HELMET. NO SYNTHETIC MATERIALS MAY BE WORN NEXT TO THE SKIN.**